ARTIST’S INVOICE – **FEES**



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| --- | --- | --- | --- |
| Date Submitted | *( Day / Month / Year**)* / / / | | |
| Name |  | | |
| Mailing Address |  | | |
| City/ Province |  | Postal Code |  |
| Home Phone | ( ) | Work Phone | ( ) |
| Facsimile | ( ) | E-mail Address |  |

Please fill in the appropriate **dates** under the following headings.

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| --- | --- | --- | --- | --- | --- |
| **School/Teacher/Grade** | **Teacher Planning Session** ($40) | **1st Artist** **Visit**  ($70) | **2nd Artist Visit**  ($70) | **3rd Artist Visit**  ($70) | **Fee**  $250/class |
|  |  |  |  |  | $ |
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|  |  |  |  | **Total** | **$** |

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| --- |
| Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FOR OFFICE USE ONLY  Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |